

<i>SERFF Tracking Number:</i>	<i>CHUB-125734232</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Executive Risk Indemnity Inc., ...</i>	<i>State Tracking Number:</i>	<i>#3 CKS. TOTAL \$150</i>
<i>Company Tracking Number:</i>	<i>DO AR0043410F01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Renewal Endorsement</i>		
<i>Project Name/Number:</i>	<i>Renewal Endorsement/343</i>		

## Filing at a Glance

Companies: Executive Risk Indemnity Inc., Federal Insurance Company, Vigilant Insurance Company		
Product Name: Renewal Endorsement	SERFF Tr Num: CHUB-125734232	State: Arkansas
TOI: 17.0 Other Liability - Claims	SERFF Status: Closed	State Tr Num: #3 CKS. TOTAL \$150
Made/Occurrence		
Sub-TOI: 17.0000 Other Liability Sub-TOI	Co Tr Num: DO AR0043410F01	State Status: Fees verified and received
Combinations		
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Authors: Donna Daigle, Desirae Bartlett, Christina Cresenzi	Disposition Date: 08/28/2008
	Date Submitted: 07/18/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New):
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):
State Filing Description:		
Cks #371632, #371631, #371633 \$50 each total \$150		

## General Information

Project Name: Renewal Endorsement	Status of Filing in Domicile: Pending
Project Number: 343	Domicile Status Comments: just filed
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/28/2008	
State Status Changed: 08/28/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
We are filing our Renewal Endorsement (14-02-13595) for all policies and writing companies that appear on the enclosed list. This optional endorsement will allow us to renew policies without issuing an actual policy at renewal.	

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 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations  
 Product Name: Renewal Endorsement  
 Project Name/Number: Renewal Endorsement/343

## Company and Contact

### Filing Contact Information

Donna Daigle, State Filing Analyst ddaigle@chubb.com  
 82 Hopmeadow Street (800) 464-7965 [Phone]  
 Simsbury, CT 06070-7683 (860) 408-2047[FAX]

### Filing Company Information

Executive Risk Indemnity Inc.	CoCode: 35181	State of Domicile: Delaware
82 Hopmeadow Street	Group Code: 38	Company Type:
Simsbury, CT 06070	Group Name:	State ID Number:
(800) 464-7965 ext. [Phone]	FEIN Number: 13-2912259	

Federal Insurance Company	CoCode: 20281	State of Domicile: Indiana
202 Hall's Mill Road	Group Code: 38	Company Type:
P.O. Box 1650		
Whitehouse Station, NJ 08889-1650	Group Name:	State ID Number:
(908) 572-4422 ext. [Phone]	FEIN Number: 13-1963496	

Vigilant Insurance Company	CoCode: 20397	State of Domicile: New York
202 Hall's Mill Road	Group Code: 38	Company Type:
P.O. Box 1650		
Whitehouse Station, NJ 08889-1650	Group Name:	State ID Number:
(908) 572-4422 ext. [Phone]	FEIN Number: 13-1963495	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$150.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 flat for each company  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Executive Risk Indemnity Inc.	\$0.00	07/18/2008	

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Federal Insurance Company	\$0.00	07/18/2008
Vigilant Insurance Company	\$0.00	07/18/2008

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00371631	\$50.00	06/25/2008
00371632	\$50.00	06/25/2008
00371633	\$50.00	06/25/2008

SERFF Tracking Number:	CHUB-125734232	State:	Arkansas
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Company Tracking Number:	DO AR0043410F01		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0000 Other Liability Sub-TOI Combinations
Product Name:	Renewal Endorsement		
Project Name/Number:	Renewal Endorsement/343		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/28/2008	08/28/2008

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Product Name: Renewal Endorsement  
Project Name/Number: Renewal Endorsement/343

## Disposition

Disposition Date: 08/28/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms list	Approved	Yes
Form	Renewal Endorsement	Approved	Yes

SERFF Tracking Number: CHUB-125734232 State: Arkansas

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Product Name: Renewal Endorsement

Project Name/Number: Renewal Endorsement/343

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Renewal Endorsement	14-02-13595	05/2008	Endorsement/Amendment/Conditions		0.00	14-02-13595.pdf



## ENDORSEMENT/RIDER

<COVSECT>

Effective date of  
this endorsement/rider: <TRXEFFDATE>

<CARRNAME>

Endorsement/Rider No. <EN>

To be attached to and  
form a part of Policy No. <POLICYNO>

Issued to: <ACCTNAME>

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### RENEWAL ENDORSEMENT

In consideration of the additional premium of <ADDLPREMCH> charged, it is agreed that:

- (1) The Company shall provide the **Insureds** with insurance for the **Policy Period** set forth in the Declarations.
- (2) This policy or coverage section is a renewal of policy number <POLICYNUMBER>, incepting <INCDATE> and expiring <EXPIRDATE> (the "Prior Policy"). Coverage under this policy or coverage section shall apply in accordance with all the terms, conditions and endorsements of the Prior Policy, except as amended by any endorsement provided during the **Policy Period**.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.

<ENDSIG>

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Authorized Representative

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<i>Product Name:</i>	<i>Renewal Endorsement</i>		
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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 08/28/2008

**Comments:**

**Attachments:**

AR P&C 434.pdf  
AR schedule 434.pdf

**Satisfied -Name:** Forms list **Review Status:** Approved 08/28/2008

**Comments:**

**Attachment:**

AR Forms Listing.pdf

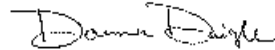
**Property & Casualty Transmittal Document**

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
					0038
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
Federal Insurance Company	IN	20281	13-1963496		
Executive Risk Indemnity Inc.	DE	35181	13-2912259		
Vigilant Insurance Company	NY	20397	13-1963495		

<b>5. Company Tracking Number</b>	DO AR0043410F01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Donna M. Daigle 82 Hopmeadow St., P.O. Box 2002 Simsbury CT 06070-7683	State Filing Analyst	800-464-7965	860-408-2047	ddaigle@chubb.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Donna M. Daigle			

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.0000
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0000
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing Title)</b>	Renewal Endorsement Filing
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	DO AR0043410F01
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<b>Check #:</b> 00371631, 00371632, 00371633 <b>Amount:</b> 150.00	

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	<b>This filing transmittal is part of Company Tracking #</b>	DO AR0043410F01			
2.	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Renewal Endorsement	14-02-13595 (05/2008)	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

## Renewal Endorsement 14-02-13595 Filing

### ARKANSAS

Product	Product Name	Writing Company(ies)	Form #'s
COMMASSC - Community Assoc	Protection for Community Association Leaders <sup>SM</sup> General Terms and Conditions Section	Federal - ERII -	14-02-6028GTC C32082
D&ONFPCB - D&D Not For Profit	Not for Profit Organization Liability Policy	Federal - Vigilant -	14-02-2009 14-02-2009
EPLIABA - EPLI ABA	ABA Employers Edge <sup>SM</sup> An Employment Practices Liability Insurance Policy for Law Firms Endorsed by the American Bar Association	ERII -	C26029
EPPACK - EPP Package	Executive Protection Policy General Terms and Conditions	Federal - Vigilant -	14-02-0941 14-02-0942
EPPFOLIO - EPPFOLIO	Executive Protection Portfolio <sup>SM</sup> General Terms and Conditions Section	Federal - Vigilant - ERII -	14-02-7302 14-02-7302 C32836
FFRTP050 - ForeFront Portfolio	ForeFront Portfolio <sup>SM</sup> General Terms and Conditions Section	Federal -	14-02-3795
FIFFPCB - FTPPortfolio CmtY Bnk	ForeFront Portfolio <sup>SM</sup> For Community Banks General Terms and Conditions Section	Federal -	17-02-4979
HCFOLIO - Health Care Portfoli	Health Care Portfolio <sup>SM</sup> General Terms and Conditions Section	Federal -	14-02-9523
LAW2004 - Lawyers Professional	Chubb Pro Lawyers Professional Liability	Federal -	14-02-9303
LAWCRIME - Crime Law Firm	Crime Insurance Policy for Law Firms	Federal -	14-02-0042
LMT97 - LMT 1997	Labor Management Trust Fiduciary Liability Policy	Federal - Vigilant -	14-02-2265 14-02-2276
MMEDIA - Multimedia	Multimedia Liability Insurance Policy	ERII -	C25950
NFPEPL - Not For Profit EPL	Not-For-Profit Organization Directors, Officers and Trustees Liability Insurance Policy Including Employment Practices Liability Coverage	ERII -	C22207
NFPFOLIO - NFP Portfolio	ForeFront Portfolio <sup>SM</sup> For Not-for-Profit Organizations General Terms and Conditions Section	Federal - ERII -	14-02-10190 C33777
NMEDIA - NewsMedia Liability	NewsMedia <sup>SM</sup> Liability Insurance Policy	ERII -	C25551
P&WFD - Pension & Welfare	Pension and Welfare Fund Fiduciary Dishonesty Policy	Federal -	14-02-172
PWRSRCE - Power Source	Power Source <sup>sm</sup> General Terms and Conditions Section	ERII -	C31767